

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2617-62-019038
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED JUN 8 1962

VS 300
Rev. 4/59

DATE AMENDED

5-15-62

5-15-62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

White

Unknown

ITEM NO. SHOULD READ

6

Negro

16

467-34-9530

BY AFFIDAVIT of Tommie Martin - informant DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 18 Yrs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If outside, give location) 3821 East 19th	
3. NAME OF DECEASED (Type or print) First Etta Middle Mae Last Martin		4. DATE OF DEATH Month May Day 11, 1962 Year	
5. SEX Female	6. COLOR OR RACE White NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-12-21
9. AGE (last birthday) 40		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) Marshall, Texas		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Ekan Whitten		13b. MOTHER'S MAIDEN NAME Octavia Mays	
14. NAME OF HUSBAND OR WIFE Tommie Martin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of serv) No None	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Tommie Martin, 3821 East 19th	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Pulmonary Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Hypertrophy DUE TO (c) rt. Pyleonephritis Chronic		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4-24-62		20f. CITY, TOWN, OR LOCATION 5-11-62	
21. I attended the deceased from 4:00 A to 5-11-62 and last saw her alive on 5-11-62 Death occurred at 4:00 m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Frank Ellis (Signature) 22b. ADDRESS 2400 Cherry 22c. DATE SIGNED 5-11-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-14-62	23c. NAME OF CEMETERY OR CREMATORY Lincoln	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR Jones & Stevens, 2315 Linwood Blvd.		25. DATE RECD. BY LOCAL REG. 5-14-62	
26. REGISTRAR'S SIGNATURE Ruth N Long			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.